

**Healthy Options Frequently Asked Questions
Client/Provider/Community Concerns
06/27/05**

#	SUBJECT	DATE POSTED	QUESTION (Q.)/ANSWER (A.)
1	Benefits	04/09/03	<p>Q. What benefits are covered by Healthy Options?</p> <p>A. Please refer to the benefit matrix on the Healthy Options website.</p>
2	Other insurance	04/09/03	<p>Q. Can clients have other insurance and still be on Medicaid and Healthy Options?</p> <p>A. Yes, However, there are certain circumstances when a client's private insurance or an absent parent's insurance for children may preclude the client from being enrolled into Healthy Options. <i>You may call 1-800-562-6136 to correct erroneous information regarding private insurance.</i></p>
3	Clients moved in and out of Healthy Options	04/09/03	<p>Q. Why are clients moved in and out of Healthy Options and/or into other plans?</p> <p>A. Generally, Medical Assistance Administration (MAA) only moves clients from one Healthy Option plan to another if the client requests it. However, there may be times when the client may go on and off of Healthy Options, such as:</p> <ul style="list-style-type: none"> · The client had a change of address and did not report it to the Community Service Office (CSO) · The client has some other insurance and there was a change · The client got an exemption and is taken off or put back onto Healthy Options · The client loses eligibility for medical assistance · A plan is no longer available in an area--this generally only happens at the beginning of the year · Family members are in more than one plan and there needs to be a consolidation
4	<p>Fair Hearings</p> <p>UPDATED: 10/01/03</p>	<p>05/01/03</p> <p>10/01/03</p>	<p>Q. What is the proper way for clients to request a Fair Hearing?</p> <p>A. To request a Fair Hearing from DSHS, clients should call the Fair Hearing Coordinator at their local DSHS Community Service Office (CSO). They may also write to the Office of Administrative Hearings. Address is: PO Box 42489, Olympia WA, 98504-2489.</p> <p>Effective 10/01/03: - DSHS Healthy Options clients must exhaust their health plan's grievance process prior to requesting a Fair Hearing. Clients may request a Fair Hearing from DSHS for plan actions (a denial or limited authorization; reduction or suspension of a previously authorized service; or denial in whole or in part for payment of a service) that remain unfavorable to the client after exhausting the plan's grievance process. The request for the Fair Hearing must be in writing and submitted to the address listed above.</p>

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5	Surgery paid by DSHS fee-for-service	05/05/03	<p>Q. If a Healthy Options client receives a surgery paid by DSHS fee-for-service (for example Gastric Bypass surgery) and experiences complications, who is responsible for the cost related to the complications?</p> <p>A. When a surgery is provided under fee-for-service, any complications and/or medications that are directly related to the surgery are covered by DSHS fee-for-service.</p>
6	Premium notice	05/05/03	<p>Q. Why does DSHS send a premium notice to some clients?</p> <p>A. Only two programs charge premium at this time, the State Children's Health Insurance Program (SCHIP) and some Medical Extensions for clients no longer receiving TANF benefits.</p>
7	Fee for Service vs. Healthy Options	6/11/03	<p>Q. What is the difference between fee-for-service and Healthy Options?</p> <p>A. The difference between fee-for-service and Healthy Options is as follows:</p> <ul style="list-style-type: none"> • Under fee-for service, your health care will be provided by doctors and other medical providers who will accept your fee-for service medical ID card. This means that when you show the doctor your medical ID card, they will send the bill for your care or services to Medical Assistance instead of you. • Under Healthy Options, your health care will be provided by providers who are contracted with a specific health plan. • Under fee-for-service, before you use a doctor, dentist, clinic, pharmacy, hospital, or other provider, you must ask if they will accept your fee-for-service medical ID card and bill Medical Assistance. You may have trouble finding a medical provider who will take your fee-for-service medical ID card. <p>Under Healthy Options, you will go to one person in your plan for most or all of your care. This person is called your Primary Care Provider (PCP). Your PCP can be a doctor, nurse practitioner, or physician assistant.</p>

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8	Enrolling in Healthy Options	6/11/03	<p>Q. How can I enroll with and find out more information about Healthy Options?</p> <p>A. There are two ways to sign up for the Healthy Options health plan that you want to be in:</p> <ol style="list-style-type: none"> 1. The easy way is to call DSHS, Medical Assistance Administration. We can answer your questions, and sign you up over the phone. You can call us at 1-800-562-3022, Monday through Friday, 7 AM to 6 PM. The TTY/TDD number (for people who have difficulties with hearing or speech) is 1-800-848-5429. The calls are free. 2. The other way is to fill out and send in the form that is included in the Healthy Options enrollment packet.
9	What plan options do I have?	6/11/03	<p>Q. How can I tell what Healthy Options plans are offered in the area that I live?</p> <p>A. This information is identified on green information sheets that are included in the Healthy Options enrollment packet. If you would like to verify your options, please call DSHS, Medical Assistance Administration. We can answer your questions, and sign you up over the phone. You can call us at 1-800-562-3022, Monday through Friday, 7 AM to 6 PM. The TTY/TDD number (for people who have difficulties with hearing or speech) is 1-800-848-5429. The calls are free.</p>
10	How to choose a Healthy Options provider?	6/11/03	<p>Q. How do I find a provider in my area that is accepting new Healthy Options clients?</p> <p>A. You can access this information on the Integrated Provider Network Database (IPND) at https://maa.dshs.wa.gov/ipndweb/ or by contacting us at 1-800-562-3022, Monday through Friday, 7 AM to 6 PM. The TTY/TDD number (for people who have difficulties with hearing or speech) is 1-800-848-5429. The calls are free.</p>
11	Can I use my current provider?	6/11/03	<p>Q. Will a provider that I have previously established care with accept me under Healthy Options?</p> <p>A. If there is a certain doctor/Primary Care Provider (PCP) that you want to use, call the doctors/PCP's office and ask. Also, find out which health plans the doctor/PCP is contracted with under Healthy Options before you pick your plan.</p>
12	Cannot find a provider	6/11/03	<p>Q. What if I cannot find a provider who will accept new clients?</p> <p>A. If you are not able to find a provider who will accept new clients, please call DSHS, Medical Assistance Administration. We can assist you in finding a provider, answer your questions, and sign you up over the phone. You can call us at 1-800-562-3022, Monday through Friday, 7 AM to 6 PM. The TTY/TDD number (for people who have difficulties with hearing or speech) is 1-800-848-5429. The calls are free.</p>

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13	Immunizations for International Travel	5/18/04	<p>Q. Are immunizations needed for international travel covered by Healthy Options?</p> <p>A. Healthy Options plans are not required to provide immunizations for international travel. Medical Assistance Administration will cover the immunizations Fee-for-Service only if prior authorization is obtained from the Medical Management Pharmacy Prior Authorization unit.</p>
14	Lice combs	5/18/04	<p>Q. Is a prescription required for lice combs?</p> <p>A. Yes - To pay fee-for-service claims, MAA requires a physician's prescription according to the instructions in the Non DME Billing Instructions located at: http://dshs.maa.wa.gov/Download/BillingInstructions/MSE HIPAA 1003_04-15-04.pdf , page E6.</p>
15	Billing Clients for "No Shows"	05/26/04	<p>Q. Can a provider bill a client a "no-show" fee if the provider can clearly show policy was documented and shared with the client?</p> <p>A. No – Missed appointments are not distinct reimbursable services. Medicaid considers missed appointments as part of the provider's overall cost of doing business. Federal and state law prohibits Medicaid providers from billing for missed appointments as it hinders recipients' access to services.</p>
16	Newborn Enrollment	05/28/04	<p>Q. Which Healthy Options plan are newborns enrolled in?</p> <p>A. MAA enrolls newborns in the same Healthy Options Plan the Mom is enrolled in at the time of delivery.</p>
17	Provider Billing Issues with Health Plans	05/28/04	<p>Q. If a provider has a billing problem with a Healthy Options plan, when is it appropriate for DSHS/MAA to provide assistance?</p> <p>A. DSHS/MAA does not normally get involved with billing issues between Healthy Options plans and providers. A provider may contact DSHS MAA for assistance after the provider has exhausted all avenues available through the health plan.</p>
18	HO Enrollment Forms	06/24/04	<p>Q. There are many new moms who need to get their babies enrolled with the Healthy Options plan. Is there an enrollment form in English and Spanish?</p> <p>A. The voluntary and mandatory Healthy Options enrollment (Sign-up) forms are available on the DSHS FORMS website at: http://www1.dshs.wa.gov/dshsforms/ . The enrollment forms are numbered 13-664GM (to use in mandatory counties) and 13-664GV (to use in voluntary counties). A single version of the form is now available numbered as 13-664Pilot. NOTE: Moms must report the babies' birth to the local Community Service Office (CSO) before enrollment in a Healthy options plan can occur.</p>

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19	HO Eligibility	06/24/04	<p>Q. My child is on Healthy Options, with full coverage until his 1st birthday. What will happen to his medical coverage after his 1st birthday? Will he lose coverage or will the state offer other insurance?</p> <p>A. Eligibility for medical coverage, through state programs, is determined by your local Community Service Office (CSO). For additional information, please contact your local CSO Customer Service Center. You may also find additional information on the website at: https://www2.wa.gov/dshs/onlinecso/eligibility.asp</p>
20	HO Client – Billed for Services	06/24/04	<p>Q. If a client enrolled in Healthy options receives a bill for services provided, who should the client contact for assistance?</p> <p>A. The client should contact the Healthy Options Plan's Customer Service line for assistance with the billing issue. The Healthy Options Plan Customer Service phone number is located on the Member ID card sent to the client by the health plan.</p>
21	Lost or Stolen Prescriptions	09/14/04	<p>Q. Are health plans responsible to replace lost or stole prescriptions?</p> <p>A. YES - Health plans are required to replace lost, stolen or destroyed medications at no cost to the members. This requirement is restricted to once in a 6 month period per medication.</p>
22	PT/OT/ST Services Performed On The Same Day	2/3/05	<p>Q. The MAA Billing Guidelines for Physical, Occupational, and Speech Therapies states: "Duplicate services for Physical, Occupational, and Speech Therapy are not allowed for the same client when both providers are performing the same or similar procedure(s)." How does MAA process and pay/deny the duplicate services for PT/OT/ST when the client has both PT and ST or PT and OT on the same day?</p> <p>A. Certain procedure codes are allowed for multiple therapies. For instance – procedure 97110 is allowed to be billed by both PT and OT providers; however both therapists should not be billing for 97110 therapy on the same day, for the same diagnosis, for the same client. The first claim would pay, but the second claim would deny as a duplicate claim even though the service was performed by a different provider. Clients may have different kinds of therapies PT and OT/ST on the same day but the therapists should not be performing the same therapies on the same day.</p>

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23	Client Billing Waiver	5/25/05	<p>Q. Does the provider need to have the client sign a waiver if the provider wants to charge a fee for copying medical records for the client?</p> <p>A. NO – Copying medical records does not fall under the purview of WAC 388-502-0160 and 388-538-095, “Billing a client” since it is not considered to be a “medical service” charge.</p> <p>NOTE: The WAC does prohibit a provider from charging a client for “copying or transferring medical records to another health care provider”. Any provider who wants to charge fees for copying patient’s medical records should also review the Privacy Rules governed by the Health Insurance Portability and Accountability Act (HIPAA) to determine the patient’s rights under the law.</p>
24	Oral Pathology Services	4/29/05	<p>Q. For managed care clients, who (DSHS or the Health Plan) is responsible to pay claims for oral pathology services?</p> <p>A. The Healthy Options/SCHIP contract with the health plans excludes dental program services and related ancillary services. Payment for oral pathology services is based on whether the service was dental related or medical in nature. The health plan is responsible for payment of all medically necessary services that are not related to excluded dental services.</p>
25	Genetic Counseling	5/12/05	<p>Q. How does DSHS cover genetic counseling for clients enrolled in Healthy Options?</p> <p>A. In general, DSHS covers Prenatal Diagnosis Genetic Counseling on a fee-for-services basis and this benefit is excluded from the services covered by the HO/SCHIP Contract. The HO/QCHIP contract states “Prenatal Diagnosis Genetic Counseling provided to enrollees to allow enrollees and their PCPs to make informed decisions regarding current genetic practices and testing. Genetic services for pregnant women beyond Prenatal Diagnosis Genetic Counseling are covered as maternity care when medically necessary, see Section 11.1.8.3.” This means that the provider should bill MAA for Prenatal Diagnosis Genetic Counseling services and bill the Healthy Options plan for genetic services for pregnant women beyond the Prenatal Diagnosis Genetic Counseling as part of the covered maternity services when medically necessary.</p>

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26	Definition of "Admit" to Inpatient Facility	6/09/05	<p>Q. Please clarify the DSHS Definition of admission to inpatient facility. Per the Billing Guidelines page H2, Admission hour is "The hour the patient was admitted for inpatient care." If the patient is admitted through the Emergency Department, (ER) is the time of admission the person is admitted to the ER or the time the patient is moved to a ward?</p> <p>A. The "admission hour" is the time the patient actually arrives to a ward/floor for inpatient services. The time spent in the ER is included in the ER revenue and ER procedure codes. Per WA 388-550-6000 (4) DSHS does not for cast room, emergency room, observation room, treatment room and other room charges in combination when billing periods for these charges overlap.</p>
27	Dual Coverage in Healthy Options	6/8/05	<p>Q. Can a client who becomes eligible for Healthy Options/SCHIP program enroll in the same managed care health plan where the client has commercial or Basic Health benefits?</p> <p>A. Clients with insurance coverage comparable to Healthy Option/SCHIP are either not enrolled in HO/SCHIP or are disenrolled when DSHS confirms the comparable coverage. A client may not have coverage by the same plan for HO/SCHIP and commercial/Basic Health. If such coverage is discovered the client is disenrolled retroactively from HO/SCHIP.</p>